







As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

joint inventor (if plural n	ames a	are listed below) of the s	only one name is listed below) on subject matter which is claimed SUSCEPTIBILITY TEST the s	and for which	ch a patent
(Check One)	\square	is attached hereto OR was filed on August 09/920,785.	t <u>1, 2001</u> as United States /	Application	Serial No.
I hereby state that I h including the claims, as			d the contents of the above-is) referred to above.	identified sp	ecification,
I acknowledge the duty accordance with Title 37			n is material to the patentabilite, § 1.56.	y of this app	olication in
I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign	·(s)	Country	Date of Filing	Priority (Claimed No
Prior Foreign Application Number	r(s)	Country	Date of Filing	_	
Application Number	fit unde		Date of Filing Code § 119(e) of any United S	Yes	No
Application Number I hereby claim the benef	fit unde			Yes	No

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned



POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 22249:



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PATENT TRADEMARK OFFICE

LYON & LYON LLP Suite 4700 633 W. Fifth Street Los Angeles, CA 90071

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Please direct all inquiries to Bernard F. Rose, Esq., at the above Customer Number.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME OF INVENTOR	FIRST Name Paul	MIDDLE Initial K.	LAST Name Nakane	
201	RESIDENCE & CITIZENSHIP	City Mountain View	State or Foreign Country California	Country of Citizen JAPAN	ship
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INVENTOR'S SIGNATURE TO COMPANY DATE 10/15/2011					5/200/







Patent 266/106

POWER OF ATTORNEY By Assignee

MICROSIDE PHARMACEUTICALS, INC., assignee(s) of the application for United States Letters Patent for an improvement in

RAPID ANTIBIOTIC SUSCEPTIBILITY TEST by Paul K. Nakane,

by <u>Paul k</u>	<u>K. Nakane, </u>
he specification of which:	
☐ is filed herewith, OR ☐ was filed on August 1, 2001, having U	S. Patent Application Serial No. 09/920,785,
o prosecute this application and transact all bus Office, and in countries other than the United Sta herefor before any competent International Auth	nts, with full power of substitution and revocation, iness in the United States Patent and Trademark ites, and to do all things necessary or appropriate orities in connection with any international patent fied application, all of the registered practitioners
22249 PATENT TRADEMARK OFFICE	LYON & LYON LLP Suite 4700 633 W. Fifth Street Los Angeles, CA 90071 (213) 489-1600
Please send all inquiries to Bernard F. Rose, Es	q. , at the above Customer Number.
	copies of the documentary evidence establishing above from the inventor(s) to the assignee(s),
is filed for recordation herewith; or was recorded at Reel, Frame _ has been sent for recordation under se	eparate cover, copy attached herewith.
Furthermore, the undersigned is empowered to s	belief, title is in the assignee(s) identified above. ign this document on behalf of the assignee(s).
Full Name of Assignee: Microcide Pharmaceuticals	, Inc.
Post Office Address: 850 Maude Avenue, Mountain	View, California 94043
Signature of Declarant or Assignee:	Date:
In	27 September 2001
Full Name of Declarant James E. Rurka If Other Than Assignee:	
Title of Declarant: President	
Address of Declarant: 850 Maude Avenue,	Mountain View, CA 94043